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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant 09/624,252	Eric Tommy Jansson	
Ser. No. 09/326,986 —	Filed June 4, 1999	
Patent No. 6,209,745	Issue Date April 3, 2001	
Title of Application	Pop Up Flush Mount Gas Cap	,
Group Art Unit 3727	Examiner Nathan J. Newhouse	

Assistant Commissioner for Patents Washington, DC 20231

Refund Request

Dear Sir:

On February 7, 2001, an Issue Fee was paid on this application with check no. 042189 in the amount of \$620 (see enclosed copy of cancelled check). This check was cashed by the PTO and a patent issued on this application.

However, on February 5, 2001, a check in the amount of \$520 (check no. 42167) was erroneously sent to the PTO for the issue fee on this application and was cashed as well (see enclosed copy of cancelled check). This is a request for a refund of check

Mailing Certificate: I hereby certify that this correspondence is today being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents and Trademarks; Washington, DC 20231.-

April 5, 2002

Beatrice Emerson

Request for Refund Patent No. 6,209,745 Page 2

no. 42167 in the amount of \$520. Our PTO account number is 19-4516. A copy of the "Customer Refunds by Electronic Funds Transfer" is also enclosed.

Respectfully submitted,

Wesley W. Whitmyer, Jr., Registration No. 33,558

Attorney for Applicant

ST.ONGE STEWARD JOHNSTON & REENS LLC

986 Bedford Street

Stamford, CT 06905-5619

203 324-6155



Sustainer Refunds by Electronic Funds Transfer

Under provisions of the Debt Collection Improvement Act, effective January 2, 1999 refunds will be made by EFT (Electronic Funds Transfer). The legislation requires that the U. S. Patent and Trademark Office convert from paper-based payment methods, i.e., checks from the U. S. Treasury, to EFT. EFT refunds will only be available to those customers who maintain an account with a U. S. banking institution.

It is of great importance that your current banking information be provided in order to process your refund request. Accordingly, please fill out the attached Automated Clearing House form so that you may receive your refund, if granted, by EFT. The ACH form includes banking information necessary to process your EFT refund. This information appears on the magnetic strip encoded at the bottom of your check; accordingly, you may fax a copy of your current check (marked "Void") in lieu of filling out the ACH form. The ACH form/check copy must be faxed within 3 business days of this notification. Completed forms may be faxed to the Refund Unit at 703-308-6778.

an individual, you may request an automatic waiver of the EFT requirement, by certifying to the Patent & Trademark Office, that payment by EFT would impose a hardship due to a physical or mental disability, or a geographic, language or literacy barrier, or would impose financial hardship. Waivers may also be faxed to the above fax number.

Please include the serial number and the amount to be refunded.

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT			
The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.			
PAME CONTRACTOR AND ADDRESS OF THE PARTY OF			
PAYEE/COMPANY INFORMATION			
NAME: ST ONGE STEWARD JOHNSTON REENS	SSN NO. OR TAXPAYER ID NO. Social Security No. or Employer Id No. 06-0967185		
ADDRESS: 906 BEDFOLD STREET			
STAMFORD, CT 06905			
	TELEPHONE NUMBER: (203) 324-6155		
FINANCIAL INSTITUTION INFORMATION			
Name of Bank: FLEET BANK			
NINE-DIGIT ROUTING TRANSIT NUMBER:			
0150010			
DEPOSITOR ACCOUNT NUMBER: CD151059	LOCKBOX NUMBER:		
TYPE OF ACCOUNT: CHECKING SAVINGS	□ LOCKBOX		
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ST. ONGE STEWARD JOHNSTON & REENS LLC

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119 042167 CHECK NO. 42167 010211515 00 5148 5126 02-23-01 **FIVE HUNDRED TWENTY AND 00/100 DOLLARS**

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OF AMOUNT AND 02/05/01 *\$520.00* #O42167# #O11900571# 0001 51059# "ODDOO 5 2000" YOUR ENDORSEMENT IN THE ABOVE AREA ONLY 6894 112 1 68 6223266€ 0111-0048466125725 010211515 01-1-0048 010211515 02-23-015 <u>__</u>3 ~ 0 S ٥. 5 ₱8111007E04 BOISSIONA

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DATE

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02/07/01

\$620.00

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